and I know I am not the only one to feel this.

Mr. Enoch Powell has established some status with his 10-year plan for local authorities. Perhaps the B.M.A. will consider a 10-year plan to put the general practitioner back on the map.—I am, etc.,

Leigh on Sea. M. A. BASKER.

SIR,—Dr. R. H. Jackson's article ("Parents, Family Doctors, and Acute Appendicitis in Childhood," August 3, p. 277) was of great interest. However, the discussion at the end of this paper evades the real issue, which is that of the future of general practice itself. The high level of diagnostic skill required to improve the early recognition of appendicitis cannot be provided by a general practitioner seeing only 12 cases of appendicitis per annum over the whole of his practice. Only a doctor with continuous paediatric experience (not just the six months' postgraduate experience suggested in the article) can improve early diagnosis. Other specialists are now asking for earlier recognition by the family doctor of diseases now amenable to treatment, but requiring also a greater knowledge by him of their individual specialty.

Has the time come now to abandon the personal family doctor aiming to provide continuity of care, for a system of group practice dissecting its patients into age groups and clinical systems ? I feel this is the price that must be paid to improve the level of diagnosis we must all desire. Is it justifiable ?—I am, etc.,

Hove, Sussex. F. R. RYLE.

SIR,—Everyone seems to want the N.H.S. put on a sounder footing. May I throw one or two suggestions into the ring ?

1. Let there be a permanent body responsible for financing the N.H.S., independent of politics and politicians, similar to the University Grants Committee.

2. Set an upper age limit of 50 for members of committees formed for the day-to-day running of the N.H.S. A "Senior Assembly" of men of recognized worth who are older than 50 may be formed to advise and provide recommendations to the governing body of the N.H.S., but this "Senior Assembly" shall exist in an advisory capacity only.

3. On the principle that a man does not fully appreciate that which he receives gratis, payments should be made to G.P. or hospital by the patient at the time of consultation. This sum may be refunded in full or part to deprived sections of the community—for example, old-age pensioners.

4. It should be laid down carefully that under no circumstances may non-medical administrators dictate medical policies to doctors, and vice versa.

Not original suggestions, I know, but they seem relevant.

Many views have been expressed during the last few years on how to run the N.H.S., some comical, some serious. May we now have a little virile action from our present administrators ?

Let a questionary be sent to all registered practitioners working for the N.H.S. Let us discover the true state of discontent or otherwise by skilful framing of the questions, and by leaving space for personal opinions. Let these be returned to a responsible body such as the M.R.C., with a man like Sir George Pickering (who makyth light to shine in dark places) at its head, and let a report be published in the medical journals within a given time, and let there be further action upon this report.

Let there be Light—if only a glimmer.

I am afraid I have been unduly bold, encouraged by Pertinax's statement that "we want more criticism and less conformity" (July 20, p. 176), but I am enormously grateful for your existence, Sir, for though I have wasted your time my thorax is lighter and already the N.H.S. seems rosier. . . .—I am, etc.,

South Elmsall, Nr. Pontefract. CLIVE BARRETT.

The Heart and Digitalis

SIR,—I should like to add my agreement with Dr. S. Harold Cookson's contention that digitalis has little or no effect on heart failure in toxic goitre (July 27, p. 249). It has not been my experience over the last three decades to obtain any slowing effect from digitalis in this condition, and I would go further and say that if any slowing action were obtained the diagnosis of toxic goitre would become suspect as a cause of the tachycardia, with or without atrial fibrillation.

The resistance to the bradycardial effect in hyperthyroidism surely can be explained simply on the grounds that the sympathetic action is paramount in this condition, and digitalis in therapeutic dosage is too weak to break through.

With due respect to my friend, Professor McMichael, I think he goes too far in speculating that improvement following digitalis therapy may be due to increased contractility and that any slowing effect is a mere accompaniment. Surely this ignores the fact that the coronary circulation is mainly diastolic in time and that all increases in rate curtail diastole. Conversely, restoration of an adequate diastole permits maximal coronary efficiency, and I submit that therein lies the true clinical value of digitalis. All other attributes of digitalis may be considered as sequelae to the slowing vagal action on the heart.

It is of interest to recall that the first clue to the fact that the coronary circulation is diastolic in time—a fact seldom mentioned in textbooks and never stressed—is to be found in the writings of Harvey himself. He observed that the heart muscle was pale in systole and deeply congested in diastole. In this statement lies the explanation of mischief that follows sustained tachycardia.—I am, etc.,

London W.1. BRUCE WILLIAMSON.

Ethics of Human Experimentation

SIR,—At the present time there is much thought in medical and lay circles on the ethical problem of investigations which are conducted on patients in hospital for the interest of the investigator, but which are not of value to the patient and which may be to the patient's discomfort if not danger. This is especially so if the patient is not aware of the real purpose of the investigations and may be unwilling if informed.

I would suggest that a recent example is afforded by the report headed "XX Hermaphrodite with Male Social Sex" (July 27, p. 221). While the information is doubtless of interest, and could usefully be incorporated in a general discussion of sex chromosome abnormalities, it should be viewed in relation to the stated facts. To quote the authors, "the patient was 40 years old and a married man who wanted treatment for his hernia. It is clear that he had nothing to gain, and perhaps much to lose, by our paying more than a passing attention to this (hermaphrodite) aspect of his case."

The writers evidently think that an abdominal (pelvic) laparotomy, additional to the hernia repair, is "passing attention."

As a general practitioner I consider it my duty to keep my patients out of the hands of such enthusiastic though doubtless well-intentioned people as the authors.—I am, etc.,

Wallasey. D. G. WALKER.

Hospital Manners

SIR,—The question of communication between doctors and their patients, which you raise in your leading article under this heading (August 3, p. 265), is perhaps the greatest facing our profession to-day in our task of alleviating human suffering. This you very rightly accept, but may I take issue with you when you suggest that the remedy lies in giving the medical student "systematic lectures on ethics and behaviour" and then expecting that "when there are enough hospitals, fully staffed and planned on modern lines, doctors will have time and space in which to correct the lapses of behaviour that are inevitable when faulty communications corrupt good manners"?

As you "doubt the value of tackling these problems by issuing ministerial missives" please allow me to doubt the chance of solving them by giving the next generation of hospital specialists systematic lectures on ethics and behaviour in spacious chromium-plated hospitals. This is not the soil in which to sow the seed of the "human sympathy and understanding" which Sir George